Docket No.: 118407

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

My residence, j I verily believe (if plum) inventors are n	I am the original, amed below) of the	and catizenship are as stated t	ly one name is nated delow) of an origin nimed and for which a patent is sought	nal, first and joint inventor on the invention entitled:
described and claimed in	the specification:			
Check one			•	
*a. 🔯 addax	shed hereto.		ded on (if applicable).	
b. 🔲 filed	onas Appl	ication No and amen	ied on (it applicante).	•
I hereby state	that I have review	ed and understand the conte	ents of the above-identified specification	n, including the claims, as
I acknowledge Code of Federal Regulati	the duty to disclos	e to the Office all information	n known to me to be material to patental	bility as defined in Title 37,
. I Index Title 34	ILS. Code 8119.	the priority benefits of the	following foreign application(s) and/o	r United States provisional
application(s) filed by m	e or my legal repre	sentatives or assigns within	one year prior to this application are he	reby claimed:
Japanese Patent Applicat	ion No. 2003-1054	120, filed April 9, 2003.		
The following States of America either application(s) and/or Un	(a) more than one	year prior to this application	ate on this invention were filed in country, or (b) before the filing date of the al	ntries foreign to the United sove-named foreign priority
approximos(o) —— ·				
•			•	
	•		•	•
application and to transa	ct all business in th James A. (Kirk M. H. Edward P. Mario A. Co Christopher Paul Tsou	6 Patent Office: Diff, Reg. No. 27,875; Willindson, Reg. No. 27,562; The Walker, Reg. No. 31,450; I stantino, Reg. No. 33,565; W. Brown, Reg. No. 38,02: 1, Reg. No. 37,956; and Eric	with full power of substitution and r tam P. Berridge, Reg. No. 30,024; tomas J. Pardini, Reg. No. 30,411; Robert A. Miller, Reg. No. 32,771; Joel S. Armstrong, Reg. No. 36,430; 5; Richard E. Rice, Reg. No. 31,560; c D. Morehouse, Reg. No. 38,565. PLICATION SHOULD BE SENT T	
PLC, P.O. BOX 19928	ALEXANDRIA,	VIRGINIA 22320, TELEF	HONE (703) 836-6400.	
own knowledge are true	and that all states whedge that willful of the United State	nents made on information :	ntents of this Declaration, and that all stand belief are believed to be true; and the sounde are punishable by fine or it is false statements may jeopardize the	further that these statements reprisonment, or both, under
Typewritten Full Na	ime .	•		
of First or Sole Inve	ntor	Mitsuhiro		NAITO
٠.		Given Name	Middle Initial	Family Name
**Inventor's Signatu		Mitsuhiro		2004
**Date of Signature:		Mar.	<u> </u>	
	· Olma	Month	D <u>ay</u> Aichi	Year Japan
Residence:			State or Province	Country:
Citizenship: Jay	panese -∴	žity	State of Livering	County.
	Office Address:	· · · · · · · · · · · · · · · · · · · 		
	ent complete	% AISIN AW CO., LT	o.	
-	ling address,		· ·	
incl	uding country)	6-18 Harayama, Oka-cho	o, Okazaki-shi, Aichi 444-8564 Japan	
*If Box (a.) is checked.	this form may be e	executed only when attached	to the specification (including claims).	
**Note to Inventor: Plea	se sign name exacti	ly as it appears above and in	sert actual date of signing. ISE PAGE 2 AND PLACE AN "X"	

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Fu	fit Matte				YAMADA
Second Joint Inven	utor (if any)		Kunihiro Given Name	Middle Initial	Family Name
	· .	\mathcal{A}	unshira		Manuday
**Inventor's Sig			Mar	26	2004
**Date of Signa	ature:	-		Day	Year
			Month	• -,	Japan
Residence:	•	Okazaki-s	<u>hi</u>	. Aichi	
•		City		State or Province	Country
Citizenship:	Japanese	•		<u></u>	
Спилапалр.	Post Office Add	dencer			
	(linsert complet		c/o AISIN AW CO.	LTD.	·
•	mailing address				•
	including coun	*****	6.18 Haravarra Ok	a-cho, Okazaki-shi, Aichi 444-8564 Jap	BD:
	_	437	0-16 Harayana, Ca	<u> </u>	
· Typewritten Fi	ull Name				
Third Joint Invent	or (if any)				Family Name
•	•	_	Given Name	Middle Initial	ramiy Name
**Inventor's Si	gnature:		<u></u>	_ 	
◆*Date of Sign	sture:	<u> </u>	<u> </u>	<u> </u>	
	_		Month	Day	Year
Residence:					•
Auditer.				State on Province	Country
*		City	•	State or Province	Commy
Citizenship:				<u> </u>	
•	Post Office Add	droce-			
	(Insert complet		•	•	··
	mailing addres				
	including coun	ntry)			· · · · · ·
	_				
_ •					
Typewritten F	ull Name				٠.
Typewriten F Fourth John Inves	uli Name utor (if any)		CiN	Middle Yesini	Remilu Name
Fourth Joint Inves	utor (if any) _	 	Given Name	Middle Initial	Family Name
Fourth Joint Inves	i <i>tor (if any)</i>		-		Family Name
Fourth Joint Inves	i <i>tor (if any)</i>				
*Fourth Joint Inves	i <i>tor (if any)</i>		-		Family Name Year
*Fourth Joint Invest **Inventor's Si **Date of Sign	i <i>tor (if any)</i>				
*Fourth Joint Inves	i <i>tor (if any)</i>	Cite		Day	Year
**Inventor's Si **Date of Sign Residence:	i <i>tor (if any)</i>	City			
**Inventor's Sign	i <i>tor (if any)</i>	City		Day	Year
**Inventor's Si **Date of Sign Residence:	i <i>tor (if any)</i>			Day	Year
**Inventor's Si **Date of Sign Residence:	ignature: nature: Post Office Add	dress:		Day	Year
**Inventor's Si **Date of Sign Residence:	ignature: nature: Post Office Add (Insert comple	dress:		Day	Year
**Inventor's Si **Date of Sign Residence:	Post Office Ad (Insert comple	dress:		Day	Year
Inventor's Si *Date of Sign Residence: Citizenship:	Post Office Add (Insert comple mailing address including cour	dress:		Day	Year
**Inventor's Si **Date of Sign Residence: Citizenship:	Post Office Ad (Insert comple mailing addres including cour	dress:		Day	Year
**Inventor's Si **Date of Sign Residence: Citizenship:	Post Office Ad (Insert comple mailing addres including cour	dress:	Month	Day State or Province	Year
**Fourth Joint Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor	Post Office Add (Insert complementing address including courted to the complement of the courter	dress:		Day	Year
**Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si	Post Office Add (Insert complementating address including court of (If any)) ignature:	dress:	Month	Day State or Province	Year
Fourth Joint Inventor's Sign **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor	Post Office Add (Insert comple mailing addres including cour full Name or (If any)	dress:	Month Given Name	Day State or Province Middle Initial	Year Country Family Name
Fourth Joint Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si	Post Office Add (Insert comple mailing addres including cour full Name or (If any)	dress:	Month	Day State or Province	Year
Fourth Joint Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si **Date of Sign	Post Office Add (Insert comple mailing addres including cour full Name or (If any)	dress:	Month Given Name	Day State or Province Middle Initial	Year Country Family Name
Fourth Joint Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si	Post Office Add (Insert comple mailing addres including cour full Name or (If any)	dress: tte ss, stry)	Month Given Name	Day State or Province Middle Initial Day	Year Country Family Name
Fourth Joint Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si **Date of Sign	Post Office Ad (Insert comple mailing addres including cour l'all Name or (If any)	dress:	Month Given Name Month	Day State or Province Middle Initial	Year Country Family Name Year
**Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si **Date of Sign	Post Office Ad (Insert comple mailing addres including cour l'all Name or (If any)	dress: tte ss, stry)	Month Given Name	Day State or Province Middle Initial Day	Year Country Family Name Year
**Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si **Date of Sign Residence:	Post Office Add (Insert complemating addressincluding court of (If any)) ignature: Post Office Addressincluding court of (If any) ignature: Post Office Addressincluding court of (If any)	citess: tress: tress: trey) City dress:	Month Given Name Month	Day State or Province Middle Initial Day	Year Country Family Name Year
Fourth Joint Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si **Date of Sign Residence:	Post Office Ad (Insert comple mailing addres including cour vall Name or (If any)	citess: tress: tress: trey) City dress:	Month Given Name Month	Day State or Province Middle Initial Day	Year Country Family Name Year
**Inventor's Si **Date of Sign Residence: Citizenship: Typewritten F Fifth Joint Inventor's Si **Date of Sign Residence:	Post Office Add (Insert complemating addressincluding court of (If any)) ignature: Post Office Addressincluding court of (If any) ignature: Post Office Addressincluding court of (If any)	chress: tte ts, ttry) City dress: te	Month Given Name Month	Day State or Province Middle Initial Day	Year Country Family Name Year

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.